MAR 3 0 2006

Extension of Time Request

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36/7/

PTO/SB/21 (09-04 Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number **Application Number** 10/519,506 Filing Date TRANSMITTAL December 22, 2004 First Named Inventor **FORM** Per Lothe Art Unit 3617 **Examiner Name** Stephen P. Avila (to be used for all correspondence after initial filing) Attorney Docket Number 1935-00149 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Fee Attached Appeal Communication to TC **|** Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information Provisional Application After Final Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please Identify

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name Andrus, Sceales, Starke & Sawall, LLP

Signature Printed name Peter T. Holsen

Date March 28, 2006

Reg. No. 54,180

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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PADEN Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/519.506 Application Number FEE TRANSMITTA December 22, 2004 Filing Date For FY 2005 Per Lothe First Named Inventor Stephen P. Avila **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3617 TOTAL AMOUNT OF PAYMENT (\$) \$100.00 Attorney Docket No. 1935-00149 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Name: Andrus, Sceales, Starke & Sawall, LLP ✓ Deposit Account Deposit Account Number: 01.2000 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES** SEARCH FEES **Small Entity Small Entity Small Entity** Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 300 200 Utility 150 500 250 100 200 130 Design 100 100 50 65 Plant 200 100 300 150 160 80 300 500 600 300 Reissue 150 250 200 0 Provisional 100 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) **Fee Description** Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 360 Multiple dependent claims Multiple Dependent Claims **Total Claims** Extra Claims Fee (\$) 15 0 \$0.00 \$0.00 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims **Extra Claims** Fee (\$) Fee Paid (\$) \$100.00 \$100.00 1 HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Total Sheets Extra Sheets (round up to a whole number) x \$0.00 - 100 = /50 =4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other:

SUBMITTED BY			
Signature	Vete TAta	Registration No. (Attorney/Agent) 54,180	Telephone 414-271-7590
Name (Print/Type)	Peter T. Holsen	 	Date March 28, 2006

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Title	:	Loading Pipe in a Cargo) Alexandria, VA 22313-1450, on this 28th
		Pressure Tank of a Ship) day of March, 2006.
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TC/A.U.	:	3617) 4
Examiner	:	Stephen P. Avila	March 28, 2006
) Aleshia Prange / Date
Docket No	. :	1935-00149)

AMENDMENT

Mail Stop: Amendment Commissioner for Patents P.O. Box 1450

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Sir:

In response to the Office Action dated January 9, 2006, please enter the following in the above-identified application:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 5 of this paper.

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